

Open Distal Tibia Allograft (DTA) Glenoid Reconstruction Rehabilitation Protocol

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Patient: _____ **DOS:** _____

Surgeon Parameters

Other Precautions:

Precautions above are patient-specific and supersede the general timeframes below. Allograft incorporation and the capsulolabral repair are the rate-limiting factors: external rotation and combined abduction + ER (ABER) are advanced conservatively to avoid stressing the graft. Unlike Latarjet, no conjoint tendon is transferred, so there is no biceps restriction. Therapist to use clinical judgment to individualize exercise selection and pace within each phase.

Phase	Goals	Precautions	Treatment Focus
Phase 1 Weeks 0–4	Goals - Protect graft fixation and capsulolabral repair; control pain/swelling - Gentle PROM within limits to prevent stiffness - Maintain elbow/wrist/hand mobility - Initiate scapular setting	Precautions - Sling in neutral rotation for 4 wks; off for hygiene and exercises - No active shoulder ROM; no lifting or weight bearing through the arm - ER at side $\leq 30^\circ$; no combined abduction + ER (ABER) - No resisted IR (subscapularis approach)	Treatment Focus - Pendulums from day 1 - Gentle scapular-plane PROM: elevation to $\approx 120^\circ$ by 4 wks; ER to limit - AROM elbow/wrist/hand and grip daily - Scapular setting - Ice/modalities PRN pain-swelling
► Advance to Phase 2 when: wound healed, pain controlled, PROM progressing within limits.			
Phase 2 Weeks 4–6	Goals - Wean sling at 4 wks - Gentle progression of PROM → AAROM - Begin cuff and scapular activation	Precautions - Keep it gentle — no stretching into pain or end-range - ER at side $\leq 45^\circ$; no ABER - No lifting, pushing, or pulling with the operative arm - No resisted IR	Treatment Focus - AAROM (cane, pulley, table slides); continue PROM toward full elevation - Submaximal pain-free cuff isometrics - Scapular retraction/depression - Light waist-level daily use out of sling
► Advance to Phase 3 when: PROM elevation $\approx 140^\circ$ and ER $\approx 45^\circ$ at side, minimal pain, good scapular control.			
Phase 3 Weeks 6–12	Goals - Full AROM by ≈ 8–10 wks - Restore scapulohumeral rhythm and neuromuscular control - Begin gentle strengthening and proprioception	Precautions - ER at side advances as tolerated - ABER introduced gradually after 6 wks; no forced or loaded end-range ABER until 12 wks - No heavy lifting through 12 wks; resisted strengthening by ≈ 10 wks if pain-free - Progress by response, not calendar	Treatment Focus - AAROM → AROM all planes (wall slides, supine-to-upright progression) - From 6 wks: scapular stabilization, unweighted side-lying ER, closed-chain and proprioceptive drills - Endurance work ≈ 8 wks → light band cuff/periscapular strengthening (incl. IR) ≈ 10 wks - Gentle stretching, posterior capsule PRN tightness
► Advance to Phase 4 when: full pain-free AROM with normal mechanics, light strengthening pain-free and without apprehension.			

Phase	Goals	Precautions	Treatment Focus
Phase 4 Weeks 12–24	Goals • Normalize cuff and periscapular strength/endurance • Restore dynamic stability, proprioception, and power • Graduated return to work and sport	Precautions • Progress load gradually; end-range ABER under load (overhead press, bench, throwing) last • Non-contact activity ≈5–6 months when criteria met • Contact/collision sport not before 6 months and radiographic-confirmed graft union	Treatment Focus • Progressive resisted cuff, periscapular, and deltoid strengthening, 2–3 sets x 10–15 • Rhythmic stabilization at 90° abduction; closed-chain progression • Weight training (machines → free weights); plyometrics ≈16 wks • Sport-specific drills; interval throwing if applicable • Objective testing vs. contralateral: ER/IR strength, CKCUEST
► Full Release (typically 6 months / 24 wks): pain-free full ROM, no apprehension, strength ≥90% contralateral, sport-specific progression completed, graft union confirmed on CT, cleared by physician. Criteria-based return-to-sport milestones are often met between 6 and 12 months.			

Special Considerations

- Sudden anterior shoulder pain, a pop, or new apprehension — stop and contact the surgeon

Thank you for taking care of our patient.

This protocol serves as a general guideline and outline only. Our team defers to the clinical judgment and expertise of the treating physical therapist to make appropriate adjustments and modifications based on the individual patient's presentation, progress, and response to treatment. For any questions regarding this protocol, please contact Dr. Wollenman directly at (561) 215 – 0184.